



REDS ROOKIE SUCCESS LEAGUE



Participant Application Permission & Release Form

Name _____ Age _____ Gender _____ Date of Birth _____
(As of June 27, 2006)

Address _____ Zip _____ Home Phone _____

School _____ Grade _____

2005-2006 year

Closest CRC Center or Boys & Girls Club _____

(Site where child will board the bus)

Prior organized baseball experience? _____ Yes _____ No If yes, how many years has he/she played? _____

Mother's Name/Guardian Name _____ Day/Cell Phone _____

Home Address _____ Zip _____ Home Phone _____

Work Address _____ Zip _____ Work Phone _____

Father's Name/Guardian Name _____ Day/Cell Phone _____

Home Address _____ Zip _____ Home Phone _____

Work Address _____ Zip _____ Work Phone _____

Emergency Contacts: (Other than parents/guardian. Parents will be notified first.)

1. Name _____ Day/Cell Phone _____

Home Address _____ Zip _____ Home Phone _____

Relation _____ Work Phone _____

2. Name _____ Day/Cell Phone _____

Home Address _____ Zip _____ Home Phone _____

Relation _____ Work Phone _____

FREE Medical Screenings are available to all participants. Would you like to enroll in these screenings?

Physical Exam: _____ Yes _____ No Vision Screening: _____ Yes _____ No

Emergency Medical Authorization

APPROVAL of consent: I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____, or in the event the designated preferred practitioner is not available, by another licensed physician, and transfer of the child to _____ Hospital or any hospital reasonably accessible. This authorization does not include major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Insurance you carry: _____

Date _____ Parent/Guardian Signature _____

REFUSAL to consent: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Reds Rookie Success League program authorities to take no such action, or to _____ (specify action to take)

Date _____ Parent/Guardian Signature _____

List any special limitations, allergies, fears, physical limitations, required assistive devices and/or any required accommodation. _____

_____ **Yes** _____ **No** My child needs an accommodation because of disability, to participate in or enjoy the program. (If yes, you will be contacted for additional information.)

List any diseases that your child has had and/or any history of hospitalization: _____

Additional Comments: _____

Transportation will be provided to and from practices and games from designated Cincinnati Recreation Commission Community Centers and Greater Cincinnati Boys & Girls Clubs. ***No child will be released to anyone at the field without prior written permission from parent or guardian.***

Upon returning from the games and practices, please indicate your child's status by initialing below:

_____ My child has my permission to remain at the Community Center or Boys & Girls Club until the conclusion of youth activities. If you initialed above, please check one of the following:

- _____ I will pick up my child at this time.
- _____ My child has permission to walk home.

_____ I will pick up my child at the Community Center or Boys & Girls Club upon returning from the Reds Rookie Success League.

_____ My child has my permission to walk home upon returning from the Reds Rookie Success League.

Conditions of Registration

Registration or entry into the Reds Rookie Success League program constitutes agreement to the following conditions:

I give the Cincinnati Recreation Commission's employees, agents, and volunteers, including the Cincinnati Reds, LLC and the Cincinnati Reds Community Fund, Tri-Health, Beacon, my permission to take my child away from the Center's grounds for all field trips, special events and/or group outings. I understand that I assume full responsibility for my child and his/her behavior during these activities.

I recognize that there are certain risks of physical injury as a result of my child's participation in this program. I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have, as a result of or my child's participation in the program, against the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers.

I do hereby fully release and discharge the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my child's participation in the program.

I do hereby give permission for the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, TriHealth, Beacon, and their agents, to use photographic images and/or video footage of my child for promotional items (Newsletter, Flyers, etc.).

I further agree to indemnify, defend and hold harmless the City of Cincinnati, the Public Recreation Commission, the Cincinnati Reds, LLC, the Cincinnati Reds Community Fund, Tri-Health, Beacon, and their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the activities of the program.

I have read fully and fully understand this release form. Before registration in this program is valid, this release form must be signed by the participant's parent or legal guardian.

I hereby execute this waiver and release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this waiver and release on behalf of such minor.

Signature of Parent/Guardian _____ Date of Registration _____

****Return completed forms to: Kathy Lang, CRC Athletics, 805 Central Ave., Cincinnati, OH 45202***

Administrative Use Only

Day: **T – Th.** **W – Fr.** **Mon.** Time: **AM** **PM** Session: **1** **2** **3**

Team Name/Color: _____